

### **BUSINESS LICENSE COMMISSION**

### **COUNTY OF LOS ANGELES**

374 KENNETH HAHN HALL OF ADMINISTRATION 500 WEST TEMPLE STREET LOS ANGELES, CA 90012 (213) 974-7691

www.board.co.la.ca.us/blc



March 26, 2015

Christopher R. Cuilty Westlake Properties, Inc. / DBA Mediterraneo SARA VASQUEZ

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SHAN LEE

SECRETARY

JAMES BARGER

COMMISSIONER

GENEVIEVE MORRILL

COMMISSIONER

**MEMBERS** 

### HEARING ON APPLICATION FOR ENTERTAINMENT-GENERAL BUSINESS LICENSE ID #140968

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday**, **April 8, 2015** at **9:00 a.m**. in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

### RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a professional/certified interpreter or other person who is <u>fluent</u> in both English and your native language. If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.

Sincerely,

SARA VASQUEZ President

Lupe Duron Commission Staff

# NOTICE TO PRINTER STATE LAW REQUIRES THAT THIS LEGAL ADVERTISEMENT SHALL BE SET IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE: Z 91085

NEWSPAPER ...... ACORN

#### **PUBLISH 3 TIMES**

1<sup>ST</sup> PUBLISHING DATE: 03/12/2014 2<sup>ND</sup> PUBLISHING DATE: 03/19/2014 3<sup>RD</sup> PUBLISHING DATE: 03/26/2014

REPRINTS ORDERED: NONE

#### NOTICE OF HEARING TO CONDUCT

### **ENTERTAINMENT-GENERAL**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE COMMISSION TO CONDUCT

#### ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:

NAME OF APPLICANT:

DATE OF HEARING:

TIME OF HEARING:

32037 AGOURA RD.

WESTLAKE VILLAGE, CA 91361

WESTLAKE PROPERTIES, INC. / DBA

MEDITERRANEO / CHRISTOPHER R. CUILTY

04/08/2015

19:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

#### OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION 500 W. TEMPLE STREET, RM 374 LOS ANGELES, CA 90012

#### **RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR BUSINESS LICENSE SECTION 225 N. HILL STREET RM. 109 LOS ANGELES, CA 90012



### Los Angeles County Treasurer and Tax Collector

### **Application for Business License**



Please note: Business License fees are NOT refundable

Fee: \$2,454.00

,	BUSINESS INF	ORMATION	
Type of Business:	Address of Bu	siness:	Westake, CA. 913
Restaurant/E	inter formore Business Telep	phone: (8/8/8)	WesHake, CA. 913 89-9105
DBA (Business Name):	Mailing Addre		
Mediterraneo	:	<u> </u>	·
Sellers Permit # (State Board of Equ	alization): $102 - 304$		
Business Ownership Structure:  If LLC or Corporation, the information	Single Owner Partr on below is required:	ership LLC	Corporation 1
Date of Incorporation: (1-13-0)	6 Incorporated in	the State of: Dela	ewace
Exact Corporate Name: WeST	ake Properties	L, Whic.	
Names of Officers	Address	es	Titles
John L. Notter	-		Chairman
Donald Farriss		,	President
Chris Cuilly			COO/CFO
Applicant's Full Name: Chris Home Add Home Telephone:	Cell Phone:	Email address:	
		(	No. of the last of
Social Security #:	Date of Birth:	Place of Birth:	1
Priver's License or State ID#:		Expiration Date:	1. 1_1
Nale V Female Height	Weight	Hair Color	Eye Coloi
he information contained herein is tro cense applied for, I agree to submit a cense in accordance with regulations sed in connection therewith in confort	ny additional information that n established for such business an	nay be required, to con d to maintain all track	duct all phases of this business rand/or equipment that may be
Pate: 11 19 13	Applicant's Signature:	11	
Application taken by:	6	D	ate:

\* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline 1-800-544-6861





225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

### BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

KIND OF BUSINESS: ENTERTAINMENT-GENERAL
ADDRESS OF BUSINESS: 32037 AGOURARD, WESTLAKE VILLAGE, CA 91361
TELEPHONE: (818) 889-9105
OWNER OF BUSINESS: CHRISTOPHER R CUILTY
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: MEDITERRANEO
MAILING ADDRESS:
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE

			<u>APPROVED</u>	DATE	SIGNATURE
	1. Animal Ca	re & Control			
	2. Risk Mana	gement			
×X	3. Building &	: Safety	YES	02/24/15	tchen
X	4. Fire Depar	tment	YES	05/14/14	tchen
	5. Public Hea	Ith		· .	
X	6. Treasurer	& Tax Collector	YES	03/20/14	dmiles
X	7. Business L	icense Commission			_
	8. Sheriff Dep	partment	water (MACA 4 years)		
X	9. Regional P	lanning Commission	YES	01/27/15	tchen
	10. Weights ar	nd Measures			
X	11. Publishing		YES	03/12/15	tchen
	12. Public Wor	rks - EPD			
۱X	13. Sheriff Fin	gerprint	YES	12/04/13	dmiles

Conditions:

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GENERAL
ADDRESS OF BUSINESS: 32037 AGOURA RD, WESTLAKE VILLAGE, CA 91361
TELEPHONE: (818) 889-9105
OWNER OF BUSINESS: CHRISTOPHER R CUILTY
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAMÉ: MEDITERRANEO
MAILING ADDRESS:
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE

### **BUILDING & SAFETY**

WESTLAKE VILLAGE

	APPROVAL.		DENIL	AL	
RECOMMENDATION:	Inform Applic	eant: Ar	ry boile	ding a	lterations,
	repairs, or			1	• •
	and permits	From Eh	e Buil	ding P	repartment.
SIGNATURE:	450102	ramah aken te <sup>la</sup> r	date: <u>2</u>	-24-0	2015

BASIC LICENSE NO. 2811

DATE 01/27/15

**IDENTIFICATION NUMBER 140968** 



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: E	NTERTAINMENT-GENERAL		
ADDRESS OF BUSINES	S: 32037 AGOURARD, WES	STLAKE VILLAGE, CA 91361	
TELEPHONE: (818) 889-	9105		
OWNER OF BUSINESS:	CHRISTOPHER R CUILTY		
CAL DR. LIC#:		•	
NAME OF PERSON FINE	SERPRINTED:		
FICTITIOUS NAME: MI	EDITERRANEO		
MAILING ADDRESS:			
DATE THAT YOU STAR	TED BUSINESS:		
PREVIOUS OWNER'S N.	AME, IF KNOWN:		
THIS IS AN APPLICATION	ON FOR: NEW LICENSE		
		PARTMENT	
	☑ APPROVAL	☐ DENIAL	
RECOMMENDATION:	,		
			,
SIGNATURE;	Luch	DATE: 3-2-18	

BASIC LICENSE NO. 2811

DATE 02/26/15

IDENTIFICATION NUMBER 140968

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: EI	NTERTA	INMENT-GENE	RAL			
ADDRESS OF BUSINES	S: <b>320</b> 37	AGOURA RD,	WESTLAKE	VILLAGE, CA 9	1361	
TELEPHONE: (818) 889	-9105					
OWNER OF BUSINESS:	CHRIST	OPHER R CUIL	TY			
CAL. DR. LIC.#:						
NAME OF PERSON FIN	GERPRIN	TED:				
FICTITIOUS NAME: MI	EDITERE	ANEO				
MAILING ADDRESS:						
DATE THAT YOU STAR	TED BU	SINESS:				
PREVIOUS OWNER'S N	AME, IF	KNOWN:				
THIS IS AN APPLICATION	ON FOR:1	NEW LICENSE				
RECOMMENDATION:			& TAX C	OLLECTOI		
SIGNATURE:	~ <u> </u>	5. 5		date:3/	20/14	
BASIC LICENSE NO. 2811		DATE 0	)2/25/15	IDEN	ITIFICATION NUMBI	ER 140968

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: ENTERT	AINMENT-GENE	ERAL	•
ADDRESS OF BUSINESS: 32037	AGOURA RD,	WESTLAKE VILLAG	E, CA 91361
TELEPHONE: (818) 889-9105			
OWNER OF BUSINESS: CHRIS	TOPHER R CUII	TY	
CAL. DR. LIC.# :			
NAME OF PERSON FINGERPRI	NTED:		
FICTITIOUS NAME: MEDITER	RANEO		
MAILING ADDRESS:			•
DATE THAT YOU STARTED BU	JSINESS:	· ·	
PREVIOUS OWNER'S NAME, IF	KNOWN:		
THIS IS AN APPLICATION FOR	NEW LICENSE	•	
	REGION	AL PLANNING	•
	WESTL	AKE VILLAGE	
√Z  A	PPROVAL		DENIAL
<i>y</i> =			
RECOMMENDATION: Elota	ament is small	athered in and does no	t need special approval.
·	<u> </u>		
SIGNATURE:		DATE:	1/27/15
BASIC LICENSE NO. 2811	DATE 11	/26/14	IDENTIFICATION NUMBER 140968

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

### BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: ENTERTAINMENT-GENERAL

ADDRESS OF BUSINESS: 32037 AGOURA RD, WESTLAKE VILLAGE, CA 91361

TELEPHONE: (818) 889-9105

OWNER OF BUSINESS: CHRISTOPHER R CUILTY

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MEDITERRANEO

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

# SHERIFF FINGERPRINT LA COUNTY

X APPROVAL
APPROVAL

DENIAL

RECOMMENDATION: Approv

SIGNATURE: 2 ( ) 5 (

DATE: 12-4-13

BASIC LICENSE NO. 2811

DATE 11/21/13

IDENTIFICATION NUMBER 140968

R.A.